



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

SUPERVISION EVALUATION

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name: _____

Applicant's Address: _____

Clinical Supervisor: _____ Credential Number: _____

Current Address: _____

Date of Issue of Certification: _____ Supervisor's Day Phone Number: _____ / _____ / _____

Program or agency where you supervised the applicant: _____

I have supervised the applicant's work from _____ to _____, which includes approximately _____
(Date) (Date)

hours of face to face clinical supervision per month for a total of _____ hours.

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: _____ %

PERSONAL ATTRIBUTES:

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:
(Please use appropriate number as indicated on scale.)

1	2	3	4	5	6
/	/	/	/	/	/
Weak	Fair	Average	Above Average	Superior	NA

- _____ A. Respect for client.
- _____ B. Care and concern for client.
- _____ C. Genuineness with client.
- _____ D. Empathy with client.
- _____ E. Flexibility with client.
- _____ F. Clinical Judgment with client.
- _____ G. Spontaneity with client.
- _____ H. Capacity for confrontation with client.
- _____ I. Capacity for appropriate self-disclosure.
- _____ J. Sense of immediacy.
- _____ K. Concreteness.

Applicant's Name: _____

AREAS OF COMPETENCY

The following items are representative of the skills needed by an alcohol and drug counselor in the core functions. Evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

- _____ A. Screening – (Demonstrated competency in determining appropriateness for admission to a program.)
- _____ B. Intake – (Demonstrated competency in client intake process.)
- _____ C. Client Orientation – (Demonstrated competency in client orientation and motivation.)
- _____ D. Assessment – (Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency.)
- _____ E. Treatment Planning – (Demonstrated competency in establishing treatment goals and plan for client.)
- _____ F. Counseling – (Demonstrated competency in individual counseling.)
- _____ G. Counseling – (Demonstrated competency in group counseling.)
- _____ H. Counseling – (Demonstrated competency in counseling of the family of the client and significant others.)
- _____ I. Case Management – (Demonstrated competency in coordinating multiple treatment activities and support systems for the client.)
- _____ J. Crisis Intervention – (Demonstrated competency in crisis intervention.)
- _____ K. Client Education – (Demonstrated competency in didactic presentations.)
- _____ L. Referral – (Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available.)
- _____ M. Reports / Record Keeping. – (Demonstrated competency in ability to relate to our own and other professionals to assure comprehensive care for the client.)

PROFESSIONAL AND ETHICAL CONDUCT:

1. Employment of fraud or deception in applying for a certificate: ☐ Yes ☐ No. If yes, please comment:
Comment: _____
2. Practice of Alcohol and Drug Counseling under a false or assumed name or the impersonation of another counselor of a like or different name. ☐ Yes ☐ No. If yes, please comment:
Comment: _____
3. Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. ☐ Yes ☐ No. If yes, please comment:
Comment: _____
4. Misrepresentation of one's professional credentials: ☐ Yes ☐ No. If yes, please comment:
Comment: _____
5. Failure to adhere to KRS 309.080 to 309.089: ☐ Yes ☐ No. If yes, please comment:
Comment: _____

Describe what you believe to be significant strengths and / or deficiencies of the applicant:

I recommend _____ for certification / licensure.
Applicant's Name

I do not recommend _____ for certification / licensure.
Applicant's Name

Signature: _____ Credential: _____

Current Address: _____

Date Signed: _____